Under the Pacerwork Reduction Act of 1995, no persons are required to a **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)	710.	00
------	------	----

U.S. Patent and Tr	PTC/SB/17 (11-00) Approved for use through 10/31/2002. OMB 0651-0032 ademark Office; U.S. DEPARTMENT OF COMMERCE Imaten unless it displays a valid OMB control number.
Co	emplete if Known
Application Number	09955614
Filing Date	September 18, 2001
First Named Inventor	KEVIN M. FERGUSON
Examiner Name	Desire
Group Art Unit	2600 72625
Attorney Docket No.	7055 US

METHOD OF PAYMENT		FEE CALCULATION (continued)						
1. X The Commissioner is hereby authorized to charge indicated fees and credit any greatesyments for			3. ADDITIONAL FEES					
Denosit C		1		Large Small Entity Entity				
Account Number	20-0352		Fee	Fee	Fee	Entit Poo	y Fee Description	Fee Paid
Deposit			Code		Code	• • •		
Account Name	TEKTRONIX, INC.		105	130	205	65	Surcharge - late filing fee or oath	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17			127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
Applicant claims arrial entity status.			139	130	139	130	Non-English specification	
\$60 37 CFR 1.27			147 2	2,520	147	2,520	For filing a request for ex parte reexamination	
= '	ment Enclosed:		112	920°	112	920"	Requesting publication of SIR prior to Examiner action	1
Che	ck Credit card Order Ob	er	113 1	1.840°	112	1 840*	Requesting publication of SIR after	
	FEE CALCULATION			,		.,	Examiner action	
1. BASIC FILING FEE			115	110	215	55	Extension for reply within first month	
Large Ent	ity Small Entity		116			195	Extension for reply within second month	——
Fee Fee Code (\$)		id	117	890		445	Extension for reply within third month	
101 710		70	118 1	.390	218	695	Extension for reply within fourth month	
106 320	1710	۳1	128 1	.690	228	345	Extension for reply within fifth month	
107 490	207 248 Plant tiling fee	71	119	310	219	155	Notice of Appeal	
108 710			120	310	220	156	Filing a brief in support of an appeal	
114 150	214 75 Provisional filling fee	□	121	270	221	135	Request for oral hearing	
	OUDTOTAL MY (C) 710		138	,510	138	,510	Petrition to Institute a public use proceeding	
SUBTOTAL (1) (\$) 710.00		뗏	140	110	240	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES			141	1,240	241	620	Petition to revive - unintentional	
	Extra Claims below Fee	Paid		1,240	242	620	Utikty (saue fae (or relsaue)	
Total Claims	2 -20" = 0 ×	=	143	440	243	220	Design issue fee	
Independent Claims	11 3" • LOU X	-	144	600	244	300	Plant Issue fee	
Multiple Depe	ndent.		122	130	122	130	Petitions to the Commissioner	
Laura E-M			123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Fee Fee	y Smell Entity Fee Fee Fee Description		126	180	126	180	Submission of Information Disclosure Strat	
Code (\$) 103 18	Code (5) 203 9 Claims in excess of 20		581	40	581	40	Recording each patent assignment per- property (times number of properties)	
102 80	202 40 Independent claims in excess of 3		148	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
104 270 109 80	204 135 Multiple dependent claim, if not pa 209 40 "Reissus independent claims	K)	149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
	over original patent	Ì	179	710	279	355	Request for Continued Examination (RCE)	
· 110 18	210 9 "Reissue claims in excess of 20 and over original patent							
			169	900	169	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$)			Other fee (specify)					
49nz najmika	r previously paid, if greater; For Reissues, see abo		· Red	ced b	v Basi	c Filling	Fee Paid SUBTOTAL (3) (\$)	
or manue	promovery paid, if greater, For Heissons, 886 and	_						

SUBMITTED BY			Complete (d'applicable)
Name (Print/Type)	Francis I. Gray	Registration No. 27,788	Telephone 503 627-7261
Signature	Brancis O &	ad	Date Sept. 18, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Surden Hour Statement: This form is estimated to take 0.2 hours to complete. Title will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.

. 13